

Understanding Your Benefits

Registering Online at [myBCBSRI](http://myBCBSRI.com)

- Go to myBCBSRI.com
- Click on “Register Here”
- Follow the registration instructions provided

Deductibles

- **\$250** per individual plan;
\$500 per family plan in network

\$250 per individual plan;
\$500 per family plan out of network

Hybrid Deductible: All deductible payments count toward the family deductible amount, but the individual will never pay more than their individual deductible amount.

Out-of-pocket Limits

- **\$3,000** per individual plan;
\$6,000 per family plan in network
- **\$4,000** per individual plan;
\$8,000 per family plan out of network

Hybrid out-of-pocket: All out-of-pocket payments count toward the family out-of-pocket limit. The individual will never pay more than their individual out-of-pocket amount.

Please note:

The deductible and out-of-pocket limits are separate for in-network and out-of-network services.

Network:

Extensive national network, with access to thousands of providers across the country.

Office Visits	In-Network	Out-of-Network
Primary Care	\$15 per visit	\$15 plus 20% per visit after deductible
Specialist	\$25 per visit	\$25 plus 20% per visit after deductible
Urgent Care	\$25 per visit	\$25 per visit
Emergency Room	\$100 per visit	\$100 per visit
Doctors Online	\$15 per visit	Not Covered
Chiropractic (limit 12 visits per year)	\$25 per visit	\$25 plus 20% per visit after deductible

Other Covered Services	In-Network	Out-of-Network
Preventive Care <ul style="list-style-type: none"> • Adult annual visits and Pediatric preventive visits • Well-Woman annual/preventive visit 	\$0 per visit	\$15 plus 20% per visit after deductible
Diagnostic Lab/X-ray	0% per visit	20% per visit after deductible
High-end Radiology	0% per visit	20% per visit after deductible
Outpatient Surgery	0% per visit after deductible	20% per visit after deductible
Inpatient Services	0% per visit after deductible	20% per visit after deductible
Durable Medical Equipment	20% per service/device after deductible	20% per service/device after deductible
Physical, Occupational, and Speech Therapy	20% per visit after deductible	20% per visit after deductible